

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge) (37 CFR 1.16 (e)) required)	Attorney Docket Number	PR60682USw	
	First Named Inventor	Rakesh KUMAR	
	<i>COMPLETE IF KNOWN</i>		
	Application Number		
	Filing Date		
	Art Unit		
	Examiner Name		

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CANCER TREATMENT METHOD

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on () as United States Application Number or PCT International

Application Number **PCT/US2005/012337** filed April 12, 2005 and was amended on (MM/DD/YYYY) *(if applicable)*.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02/B attached hereto:

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

Rakesh

Family Name

Or Surname

KUMARInventor's
Signature

Date

July 28, 2005

Residence: City

State

Country

Citizenship

Durham**NC****US****IN**

Mailing Address

c/o GlaxoSmithKline, Five Moore Drive, Post Office Box 13398

City

State

ZIP

Country

Research Triangle Park**NC****27709****US****NAME OF SECOND INVENTOR:**☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

Robert John

Family Name

Or Surname

MULLINInventor's
Signature

Date

Residence: City

State

Country

Citizenship

Durham**NC****US****US**

Mailing Address

c/o GlaxoSmithKline, Five Moore Drive, Post Office Box 13398

City

State

ZIP

Country

Research Triangle Park**NC****27709****US**☐ Additional inventors are being named on the

supplemental Additional Inventor(s) sheet(s) PTO/SB/02S or 02LR attached hereto

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NAME OF SOLE OR FIRST INVENTOR:☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any])**Rakesh**Family Name
Or Surname**KUMAR**Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Durham**NC****US****IN**

Mailing Address

c/o GlaxoSmithKline, Five Moore Drive, Post Office Box 13398

City

State

ZIP

Country

Research Triangle Park**NC****27709****US****NAME OF SECOND INVENTOR:**☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any])**Robert John**Family Name
Or Surname**MULLIN**Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Durham**NC****US****US**

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City

State

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Country

Research Triangle Park**NC****27709****US**☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/025 or 02LR attached hereto

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page _____ of _____	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Tona M		GILMER	
Inventor's Signature <i>Tona M Gilmer</i>		Date <i>8/11/05</i>	
Residence: City Durham	State NC	Country US	Citizenship US
Mailing Address c/o GlaxoSmithKline, Five Moore Drive, Post Office Box 13398			
City Research Triangle Park	State NC	ZIP 27709	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country

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[illegible]

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	To be assigned
Filing Date	
First Named Inventor	
Title	CANCER TREATMENT METHOD
Art Unit	
Examiner Name	
Attorney Docket Number	PR60682USw

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer
Number:

23347

☐ **OR**
Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☒ The address associated with Customer Number:

OR

☐ Firm or

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature		Date	
Name	Charles E. Dadswell	Telephone	919 483 6983
Title and Company	Attorney, SmithKline Beecham Corporation		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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POWER OF ATTORNEY

The undersigned, **Rakesh KUMAR**, a citizen of India whose address is: c/o GlaxoSmithKline, Five Moore Drive, PO Box 13398, Research Triangle Park, NC 27709 hereby makes, constitutes and appoints:

David J. Levy	Charles E. Dadswell	Robert H. Brink	John L. Lemanowicz
Frank P. Grassler	James P. Riek	Lorie Ann Morgan	Bonnie L. Deppenbrock
Virginia G. Campen	Robert J. Smith	Karen L. Prus	Amy H. Fix
Michael M. Conger	J. Michael Strickland	Jennifer L. Fox	Alice P. Bradney
Kimberly H. Parker			

all having an address at: GlaxoSmithKline, Corporate Intellectual Property, Five Moore Drive, P.O. Box 13398, Research Triangle Park, North Carolina 27709 USA, and

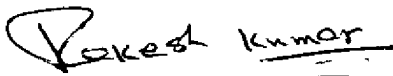
Charles M. Kinzig	Wayne J. Dustman	Jason C. Fedon	Laura K. Madden
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James M. Kanagy	Edward R. Gimmi	Mary E. McCarthy	Soma G. Simon
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Theodore R. Furman	Kathryn L. Sieburth	Elizabeth J. Hecht	James Kellerman
Andrea Winslow	Andrea Lockenour	Grace C. Hsu	Chirs P. Miller

all having an address at: GlaxoSmithKline, 709 Swedeland Road, King of Prussia, Pennsylvania 19406-0939, USA, and

as attorneys to act on applicant's behalf before the United States Patent & Trademark Office, an Office of the Patent Cooperation Treaty, or any foreign Patent Office in connection with any and all national and international applications filed by applicant to make or receive payments on applicant's behalf and to appoint additional agents or attorneys for purpose of acting before a PCT International Preliminary Examining Authority, and

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Signature: 

Date: July 28, 2005 Place: GSK, RTP North Carolina

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The undersigned, **Tona M. GILMER**, a citizen of United States whose address is: c/o GlaxoSmithKline, Five Moore Drive, PO Box 13398, Research Triangle Park, NC 27709 hereby makes, constitutes and appoints:

David J. Levy	Charles E. Dadswell	Robert H. Brink	John L. Lemanowicz
Frank P. Grassler	James P. Riek	Lorie Ann Morgan	Bonnie L. Deppenbrock
Virginia G. Campen	Robert J. Smith	Karen L. Prus	Amy H. Fix
Michael M. Conger	J. Michael Strickland	Jennifer L. Fox	Alice P. Bradney
Kimberly H. Parker			

all having an address at: GlaxoSmithKline, Corporate Intellectual Property, Five Moore Drive, P.O. Box 13398, Research Triangle Park, North Carolina 27709 USA, and

Charles M. Kinzig	Wayne J. Dustman	Jason C. Fedon	Laura K. Madden
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Signature: Tona M. Gilmer

Date: 8/1/05 Place: GSK, RTP North Carolina

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POWER OF ATTORNEY

The undersigned, **Robert John MULLIN**, a citizen of United States whose address is: c/o GlaxoSmithKline, Five Moore Drive, PO Box 13398, Research Triangle Park, NC 27709 hereby makes, constitutes and appoints:

David J. Levy	Charles E. Dadswell	Robert H. Brink	John L. Lemanowicz
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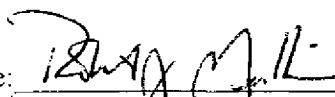
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Signature: 

Date: 8/8/05 Place: GSK, RTP North Carolina